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NEWS ROUNDPUP

HIV Surveillance Data Show Reduced HIV Diagnoses in Most Groups
In its most recent HIV surveillance report, CDC summarizes data on HIV/AIDS in the U.S. and six dependent areas during 2015, as well as trends during the period from 2010 through 2014. The 114-page publication provides detailed breakdowns of new HIV diagnoses, HIV/AIDS prevalence, deaths, and survival rates by race/ethnicity, gender, risk category, and age. Regional data are also provided for individual states, as well as Metropolitan Statistical Areas.

In the report, CDC identifies a number of key trends for 2010-2014, including the following:

- The annual numbers and rates of HIV diagnoses in the U.S. decreased overall and among both women and men.
- During 2015, seven out of ten (70%) of all new HIV diagnoses occurred among gay, bisexual, and other men who have sex with men, and nearly one-quarter (24%) were attributed to heterosexual contact.
- HIV diagnosis rates decreased among African Americans, Latinos, and Whites.
- HIV diagnosis rates increased among persons 25 to 29 years old, remained stable among those 20 to 24 years old, and decreased among other age groups.
- The annual number of diagnoses attributed to male-to-male sexual contact remained stable, while the number attributed to heterosexual contact or injection drug use decreased.
- The annual number and rate of deaths of persons with diagnosed HIV decreased.
- HIV prevalence in the U.S. reached an all-time high; at the end of 2014, more than 955,000 people were living with diagnosed HIV infection.

The report’s Commentary section (pages 5 through 11) provides a more extensive summary and analysis of the surveillance data, which are published in nearly 30 data tables that make up the bulk of the report. According to CDC: “While trends in HIV diagnoses are influenced by testing rates, and may not always reflect trends in actual HIV transmission, the declines seen in this report suggest that national HIV prevention efforts are paying off, while signaling the urgent need for intensified prevention among young people and men who have sex with men. We are confident that, working together with national, state, and local partners, we can continue to make new progress.”

2016 NHAS Reports Track Progress Toward 2020 Goals
On World AIDS Day, the Obama White House published the 2016 Progress Report for the National HIV/AIDS Strategy Updated to 2020 (NHAS). The report summarizes recent advances and challenges in achieving the NHAS four main goals: 1) reducing new HIV infections; 2) increasing access to care and improve health outcomes among people living with HIV; 3) reducing HIV-related health disparities and health inequities; and 4) achieving a more coordinated national response.

The White House released two additional documents to accompany the progress report. An NHAS Milestones infographic summarizes major developments in HIV science and policy, as well as trends in domestic HIV/AIDS funding, since the launch of NHAS in 2010. The NHAS Indicator Supplement examines trends in a group of indicators chosen to track progress toward specific objectives delineated in the NHAS. Data in the Indicator Supplement show improvements in most HIV indicators since 2010.
In particular:

- new HIV diagnoses decreased by 7% from 2010 to 2013;
- the HIV/AIDS death rate dropped by about 30%;
- continuum of care measures – including knowledge of HIV status, linkage to care, and viral suppression – all increased;
- disparities in the rates of HIV diagnoses among Black females decreased; and
- rates of viral suppression increased among youth, persons who inject drugs, and transgender women.

The report notes that the most recent year’s targets have not been met for five indicators. Specifically:

- although U.S. HIV diagnoses dropped overall, progress has stalled in reducing the disproportionately high HIV diagnosis rates in the Southern U.S;
- homelessness among persons with HIV has continued to increase;
- among gay and bisexual men, three indicators that measure disparities in new diagnoses (overall and specifically among young Black gay and bisexual men) and HIV-risk behaviors showed increases, rather than the targeted decreases from baseline levels.

“These data show that considerable progress is being made, but that all groups have not benefited equally,” according to the report. “We still have more progress to make in order to achieve the goals of the National HIV/AIDS Strategy by 2020.”

To further monitor advances in HIV prevention, care, and the quality of life, the NHAS has added three new developmental indicators:

- increasing to 90% the percentage of transgender women in HIV medical care who are virally suppressed;
- decreasing HIV stigma among people living with HIV by 25%; and
- increasing the number of people prescribed PrEP by 500%.

Amy Lansky, director of the White House Office of National AIDS Policy (ONAP) announced the new PrEP indicator during a plenary session at the National HIV PrEP Summit in San Francisco early this month. In her remarks, Lansky described the key role that PrEP is expected to play in meeting the NHAS goal of reducing new HIV infections. The new PrEP indicator tracks the number of U.S. adults prescribed PrEP and sets a target to increase that number from the baseline of 9,375 in 2014 to at least 56,250 by 2020. Lansky noted that efforts to reach the PrEP target are already underway, including commitments from several agencies to support a variety of PrEP activities in the NHAS Federal Action Plan.

CDC Publications Focus on HIV in Persons Who Inject Drugs

In the run-up to World AIDS Day, the U.S. Centers for Disease Control and Prevention (CDC) released two publications examining HIV diagnoses, risk behaviors, and trends among persons who inject drugs (PWID) in the U.S. In a recent report published in the Morbidity and Mortality Weekly Report, CDC researchers analyzed data from the National HIV Surveillance System to discern trends in HIV diagnoses among PWID during the period from 2008 through 2014. They also analyzed interviews conducted
among PWID in 22 cities as part of the National HIV Behavioral Surveillance (NHBS) project to look for trends in risk behaviors and the use of prevention services among all PWID and among PWID who first injected drugs during the 5 years prior to their interview (new PWID).

The study’s most important findings include the following:

- In 2014, 9% of HIV diagnoses in the U.S. were among PWID. “Although substantial progress has been made in reducing HIV infections among PWID, recent changes in drug use could challenge this success,” CDC notes.
- HIV diagnoses among Black/African American (Black) and Hispanic/Latino PWID decreased about 50% during the period from 2008 through 2014. Blacks now make up 19% of new PWID in 22 cities, down from 38% in 2005.
- Syringe sharing decreased among Black and Hispanic/Latino PWID in 22 cities.
- Diagnoses among urban White PWID decreased 28%, but the decline stopped in 2012, according to CDC. “Whites continue to have the highest rate of syringe sharing and now make up over 50% of new PWID.”
- Among PWID who received all their syringes from sterile sources in the past year, 13% shared syringes. In contrast, 41% of PWID who did not receive all their syringes from sterile sources shared syringes.

The CDC researchers note that, “A need to address injection drug use and associated risk behaviors exists because of several factors, including recent increases in heroin addiction and overdose; the HIV outbreak in Scott County, Indiana, which saw an increase in diagnoses from five in 5 years to 181 in 1 year; and the recent 364% increase of HCV transmission in rural areas, largely fueled by the current U.S. opioid epidemic. The window of opportunity for implementing SSPs that provide comprehensive services to prevent, rather than respond to, HIV outbreaks might be closing. Swift action can lead to further decreases in HIV diagnoses and prevent new outbreaks among PWID.”

Further, “Strategies that reduce HIV infections and syringe sharing among PWID should be used to meet emerging challenges in changing PWID populations. Syringe services programs reduce syringe sharing and serve as a bridge to other health services including HIV and HCV diagnosis and treatment and medication-assisted treatment for substance use disorder.”

A companion Vital Signs fact sheet and infographic provide key facts and statistics focusing on HIV and injection drug use. In particular, the infographic, “Syringe Services Programs: More Than Just Needle Exchange,” depicts the range of comprehensive services available through SSPs. In the infographic and accompanying text, CDC explicitly supports SSPs, noting that “SSPs don’t increase illegal drug use or crime but do reduce HIV risk,” and that “HIV diagnoses are down among PWID. More access to SSPs could help reduce HIV further.”

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Surgeon General’s Report Addresses the Toll of Addiction in the U.S.
More than 27 million people in the U.S. reported current use of illicit drugs or misuse of prescription drugs during 2015, and nearly one-quarter of all U.S. adults and adolescents reported binge drinking in the previous month, according to a landmark report published last month. Researchers estimate that the annual economic impacts of alcohol misuse and alcohol disorders total $249 billion, with an
additional $193 billion impact arising from illicit drug use and drug use disorders. Facing Addiction in America is the first report from a U.S. Surgeon General’s devoted specifically to alcohol and drug addiction and their impact on individuals and society as a whole.

The report is divided into seven chapters, each devoted to specific aspects of alcohol and drug addiction:

- “Introduction and Overview” describes the extent of substance use in the U.S. and provides background information about addiction.
- “The Neurobiology of Substance Use, Misuse, and Addiction” describes the main brain circuits involved in addiction, and explains how substance use can hijack the normal function of these circuits.
- “Prevention Programs and Policies” discusses the range of programs designed to prevent substance misuse, including broad-based programs that target communities as a whole, as well as tailored programs focusing on specific high-risk groups.
- “Early Intervention, Treatment, and Management of Substance Use Disorders” describes approaches for identifying people with substance use disorders and engaging them in treatment. This chapter also discusses medications and behavioral treatments used to manage substance use disorders.
- “Recovery: The Many Paths to Wellness” provides information about the growing number of services and systems that support recovery and enhance wellness of persons with substance use disorders.
- “Health Care Systems and Substance Use Disorders” explains why integrating general health care and substance use services can lead to better outcomes, and describes policies and initiatives that have been undertaken to promote such integration.
- “Vision for the Future: A Public Health Approach” provides specific recommendations for reducing substance misuse and the impacts of addiction on communities across the U.S.

The executive summary of the report concludes: “By adopting an evidence-based public health approach, America has the opportunity to take genuinely effective steps to prevent and treat substance-related issues. Such an approach can prevent substance initiation or escalation from use to a disorder, and thus reduce the number of people suffering with addiction; it can shorten the duration of illness for sufferers; and it can reduce the number of substance-related deaths. A public health approach will also reduce collateral damage created by substance misuse, such as infectious disease transmission and motor vehicle crashes. Thus, promoting much wider adoption of appropriate evidence-based prevention, treatment, and recovery strategies needs to be a top public health priority.”

UNAIDS: Global Access to ART Tops 18 Million
An estimated 18.2 million people worldwide were receiving antiretroviral treatment (ART) for HIV infection in mid-2016, an increase of 1 million in just 6 months, according to a new UNAIDS report, Get on the Fast-Track: The Life-Cycle Approach to HIV. The number of people receiving ART doubled in the previous 5 years. “If these efforts are sustained and increased, the world will be on track to achieve the target of 30 million people on treatment by 2020,” according to UNAIDS. The 140-page report
emphasizes the importance of preventing and treating HIV infection at every stage of the life cycle. It examines recent progress, as well as the challenges and opportunities, in responding effectively to HIV/AIDS in four age groups: children (ages 0-14); young persons (ages 15-24); adulthood (ages 25-49); and older age (ages 50+). One section of the report also focuses on addressing the specific needs, across the life cycle, of “key populations” – which include people who inject drugs, sex workers, transgender people, and gay, bisexual, and other men who have sex with men.

Despite recent progress, many people at high risk for HIV infection and people living in heavily affected areas still lack access to HIV services at critical points in their lives. For example, the transition from youth to adulthood is a period of high HIV risk, particularly for girls from Sub-Saharan Africa. “Young women are facing a triple threat,” notes Michel Sidibé, executive director of UNAIDS. “They are at high risk of HIV infection, have low rates of HIV testing, and have poor adherence to treatment. The world is failing young women and we urgently need to do more.” UNAIDS sees HIV prevention as critically important to ending the HIV/AIDS epidemic among young women.

The Fast-Track report also describes the impact that ART has had in extending the life expectancies of those treated. By 2015, an estimated 5.8 million people over 50 were living with HIV worldwide – more than at any other time in the epidemic. If UNAIDS treatment targets are reached, this number is projected to rise to 8.5 million by 2020. Although this increase in HIV survival is a milestone to be celebrated, longer life spans also bring challenges. Older people living with HIV have up to five times the risk of chronic disease, according to UNAIDS. A comprehensive strategy is needed to respond to increasing long-term health-care costs of this rapidly growing group.

“The progress we have made is remarkable, particularly around treatment, but it is also incredibly fragile,” notes Michel Sidibé. “New threats are emerging, and if we do not act now we risk resurgence and resistance. We have seen this with TB. We must not make the same mistakes again.”

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Study Finds High Death Rates Among Mexican Americans with Chronic HCV
Mexican Americans with chronic hepatitis C virus (HCV) infection have death rates that are over 7 times higher than that of uninfected individuals, according to a new study by researchers from the University of Maryland and the National Institutes of Health. The researchers drew on data from a nationally representative sample of participants in the Third National Health and Nutrition Examination Survey (NHANES) to calculate HCV-associated all-cause mortality in the general U.S. population and to determine whether there were any significant differences in death rates by sex, age, and race/ethnicity. They assessed the HCV status of more than 9,100 adults between the ages of 18 and 59 years from 1988 to 1994, and then examined the all-cause mortality of these persons through 2011 using a NHANES data set that was made publicly available during 2015. They found that there were 930 deaths over a median follow-up of 19.8 years.

After adjusting for other risk factors, the researchers determined that, overall, people with chronic HCV had about a 2.63 times higher all-cause mortality rate ratio (MRR) compared to persons not infected with HCV. They also found significant disparities in the MRR among the four racial/ethnic groups studied: Blacks, non-Hispanic Whites, Mexican Americans, and others – which included other Hispanics, Asian Americans, and Native Americans. Compared to HCV-uninfected persons, the adjusted MRR were:
• 7.48 times among Mexican Americans;
• 2.67 times among non-Hispanic Whites; and
• 2.02 times among non-Hispanic Blacks.

“These findings suggest a need to consider race in the HCV care continuum,” according to the researchers. They note that a potential cause of the higher all-cause mortality seen among Mexican Americans with chronic HCV is a lack of health insurance, “which would likely have long-term effects on the HCV care continuum for these patients.” The National Health Interview Survey data for the period 2008-2010 indicate that 41% of Hispanics lacked health insurance, compared to 26% for non-Hispanic Blacks and 16% for non-Hispanic Whites. The researchers recommend that Mexican Americans be targeted for HCV screening and treatment to help ensure that they benefit from the highly effective HCV therapies that are now available.

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Smoking Substantially Increases Risk of Pregnancy Loss in HIV+ Women

Among HIV-negative women, cigarette smoking has been shown to increase the risk of poor health outcomes during pregnancy, including miscarriage and stillbirth (pregnancy loss). To study the effects of smoking on HIV+ women, researchers from the Women's Interagency HIV Study (WIHS) analyzed the pregnancy outcomes in HIV+ and uninfected WIHS participants between 1994 and 2014. The analysis included 1,033 pregnancies among 659 women.

The researchers found that the effect of smoking on pregnancy loss differed dramatically by HIV status. After adjusting for confounding, HIV+ smokers had a 19.2% higher risk of pregnancy loss compared to HIV+ nonsmokers. While uninfected smokers also had an elevated risk of pregnancy loss compared to uninfected nonsmokers – the difference was only about half as much (9.7%). Based on these findings, the researchers calculated that offering a realistic smoking cessation intervention would be expected to prevent one pregnancy loss for every 36 women who participated.

“In summary, we found that smoking is associated with large absolute increases in risk of pregnancy loss, that increases in risk are substantially larger among HIV-positive than HIV-negative women, and that realistic interventions can potentially lead to reduced incidence of pregnancy loss,” the researchers conclude. “Taken in concert with evidence from HIV-negative populations, this suggests that HIV-positive women planning a pregnancy should be strongly encouraged to cease smoking and supported in their efforts to do so, for their own health and to increase the probability of live birth.”

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MAP Report Reviews U.S. HIV Criminalization Laws

LGBT Policy Spotlight: HIV Criminalization Laws examines the basis for U.S. HIV criminalization laws and their impacts on the criminal justice system and public health. The report was produced by the Movement Advancement Project (MAP), a research and communication organization advocating for LGBT equality. According to the report, 38 states have HIV-specific criminal laws or broader criminal laws related to the perceived or potential exposure or transmission of HIV. In another six states that lack HIV-specific laws, people living with HIV have nevertheless been prosecuted under state criminal law for crimes, such as aggravated assault, related to their HIV status. In the remaining six states and the
District of Columbia, there are no HIV-specific criminal laws and there have been no known HIV-related prosecutions.

“These laws perpetuate dangerous stigma and misinformation about the disease and people living with HIV, create a strong disincentive for individuals to find out their HIV status, and disproportionately target LGBT people,” according to MAP. Some laws criminalize behaviors, such as spitting, that have no risk of HIV transmission. They also do not consider the fact that current prevention methods, including condom use, HIV treatment as prevention, and PrEP can dramatically reduce the risk of HIV transmission.

Like several other agencies and organizations – including the U.S. Department of Justice and UNAIDS – MAP is calling for an overhaul of HIV criminalization laws. In particular, MAP recommends that “states should repeal, reform, and/or modernize all laws that criminalize the transmission of HIV and other diseases. Revisions should be guided by the best available science and medical evidence, and they should uphold principles of legal fairness, taking into consideration components such as intent, proportionality, evidentiary obstacles, and appropriate defenses in light of current science.”

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OTHER NEWS REPORTS AND MATERIALS

HHS Report Highlights Efforts to Advance LGBT Health and Well-Being
The U.S. Department of Health and Human Services (HHS) recently published Advancing LGBT Health and Well-Being – the sixth annual report of the agency’s Lesbian, Gay, Bisexual, and Transgender (LGBT) Policy Coordinating Committee. The report spotlights three important developments during 2016:

- the publication of a final rule implementing the non-discrimination provision of the Affordable Care Act that protects against discrimination on the basis of gender identity and sex stereotyping;
- the creation of a new position for a Senior Advisor for LGBT Health within the Office of the Assistant Secretary for Health (OASH); and,
- the official designation by the National Institutes of Health of sexual and gender minorities as a health disparity population for research.

The 16-page report also provides detailed information on recent HHS activities in three areas: 1) prohibiting discrimination against LGBT individuals and families and thereby improving LGBT access to healthcare; 2) improving data collection and supporting research on LGBT communities; and 3) building the knowledge base, improving cultural competency, and expanding capacity to serve LGBT communities. The report also includes a discussion of several recent initiatives to address the continuing high rates of HIV infection among Black gay and bisexual men and transgender women.

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Journal Examines Cognitive Development of Perinatally Infected Youth
The December 2016 supplemental issue of the Journal of the Pediatric Infectious Diseases Society focuses on the theme of brain and cognitive development among U.S. youth with perinatally acquired
HIV infection. The introductory article in the journal notes that previous studies have documented the effects of HIV on the central nervous system and cognitive and behavioral functioning of infected infants and children. However, the longer-term effects of HIV infection and antiretroviral treatment on brain maturation and higher-order cognitive skills has been less well understood. The research papers in this supplement examine the relationship between HIV disease severity and changes in the brain structure and cognitive function of perinatally infected youth, including memory, executive functioning, and language skills.

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Video Series on AIDS Cure Research from amfAR
The Foundation for AIDS Research (amfAR) recently launched a series of videos to raise awareness of HIV cure research and its Countdown to a Cure for AIDS initiative. Launched in 2014, the Countdown has the goal of developing the scientific basis, by 2020, of treatments to cure HIV infection in persons living with the virus. Toward this end, amfAR is making strategic investments in cure-focused HIV research totaling $100 million over the next five years. This research will study approaches to clear HIV reservoirs – pockets of virus that remain even after a person has reached an undetectable viral load as a result of HIV treatment. The first video in the series provides background on viral reservoirs and the Countdown initiative. The remaining videos discuss four key research questions summarized with the acronym CURE – Chart, Understand, Record, and Eliminate. These questions are: 1) Where in the body, and in which types of cells, are HIV viral reservoirs located? 2) How are these pockets of virus formed and sustained? 3) Exactly how much virus remains in these reservoirs? and 4) How can we safely eliminate the virus?

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Interactive Hepatitis C Education Tool for Consumers
ProPatient has launched a new interactive, online program, What You Need to Know About Hepatitis C, to educate consumers about hepatitis C (HCV). The program, which was developed in collaboration with Project Inform and NovaMed Education, can tailor information to its users’ knowledge levels and needs, ranging from consumers who have never heard of HCV to those currently undergoing HCV treatment. The program also includes guidance on communicating effectively with healthcare providers. “The interactive format allows viewers to select what information is appropriate for their specific needs,” notes ProPatient cofounder David Hadden. “This program creates a highly interactive experience. It’s like a simulated conversation with a virtual doctor. Actual doctor visits are rarely long enough to get all your questions answered, so this type of program can help fill in the gaps.”

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New Book on HIV and Aging
The medical publisher Karger has recently published a new book, HIV and Aging, in its Interdisciplinary Topics in Gerontology and Geriatrics series. The book’s theme is “understanding the evolving complexities of HIV in older adults.” According to the publisher, the book “focuses on HIV and aging in the context of ageism with regard to prevention, treatment guidelines, funding, and the engagement of communities and health and social service organizations. The lack of perceived HIV risk in late adulthood among older people themselves, as well as on the part of providers and society in general, has led to a lack of investment in education, testing, and programmatic responses. Ageism perpetuates the
visibility of older adults and, in turn, renders current medical and social service systems unprepared to respond to patients’ needs. While ageism may lead to some advantages – discounts for services, for example – it is the negative aspects that must be addressed when determining the appropriate community-level response to the epidemic.”

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FEATURED HEALTH RESOURCES

**Materials About HIV and Viral Hepatitis in Immigrant and Migrant Communities**

Each year, World AIDS Day on December 1 brings attention to the global HIV/AIDS epidemic. Continuing this global theme, the resources section of this month’s issue of the *Disparities Update* is focusing on HIV and viral hepatitis among immigrant and migrant population communities. Immigrants and migrants from parts of the world with high HIV or viral hepatitis prevalence are often infected or at elevated risk for becoming infected with these viruses. In addition, language, immigration status, and socioeconomic factors often reduce immigrants’ and migrants’ access to testing, treatment, and care.

We hope that the resources below will help raise awareness about the impacts of HIV and viral hepatitis on immigrant and migrant communities, as well as the unique challenges and opportunities for disease prevention, testing, and treatment in these groups.

**General Information**

- **Immigration** (Center for HIV Law and Policy – CHLP) – web page with information links to several documents about HIV, immigration, and related issues

- **Immigration Equality** – web site for an organization that advocates for equal immigration rights for the LGBT community and HIV-infected persons

- **National Immigration Project** – web site for an organization dedicated to defending and expanding the rights of all immigrants into the U.S.

- **Health Reform Issue Brief: Immigrants and the Affordable Care Act** (National Alliance of State and Territorial AIDS Directors)

**Recent Research Reports**

- **Understanding the Impact of Migration on HIV Risk: An Analysis of Mexican Migrants’ Sexual Practices, Partners, and Contexts by Migration Phase**, (AIDS and Behavior)

- **Sexually Transmitted Infection Diagnoses Among Hispanic Immigrant and Migrant Men Who Have Sex with Men in the United States**, (International Journal of STD and AIDS)

- **HIV Prevalence Among Central American Migrants in Transit Through Mexico to the USA, 2009-2013**, (Journal of Immigrant and Minority Health)
Recommendations for Developing Contextually Relevant HIV/AIDS Prevention Strategies Targeting African-Born Immigrants and Refugees in the United States. (AIDS Patient Care and STDs)

HIV-Related Stigma Among Spanish-Speaking Latinos in an Emerging Immigrant Receiving City. (Journal of Immigrant and Minority Health)


Foreign-Born Status as a Predictor of Engagement in HIV Care in a Large U.S. Metropolitan Health System. (AIDS Care)

HIV Testing Among Black and Hispanic Immigrants in the United States. (AIDS Patient Care and STDs).

Evidence of Local HIV Transmission in the African Community of King County, Washington. (Journal of Immigrant and Minority Health)

A Systematic Review of HIV Serostatus Disclosure Among African Immigrants in Europe. (Journal of Immigrant and Minority Health)

Depression and Co-Occurring Health Determinants of Hispanic Men with HIV Infection in the U.S.-Mexico Border Region: A Pilot Study. (Journal of Social Service Research)

Involving Immigrant Religious Organizations in HIV/AIDS Prevention: The Role of Bonding and Bridging Social Capital. (Social Science and Medicine)

Community-Engaged Strategies to Promote Hepatitis B Testing and Linkage to Care in Immigrants of Florida. (Journal of Epidemiology and Global Health)


Engaging African and Caribbean Immigrants in HIV Testing and Care in a Large U.S. City: Lessons Learned from the African Diaspora Health Initiative. (Journal of Immigrant and Minority Health)

Recent Research on the Continuum of Care/Treatment Cascade for HIV and Viral Hepatitis
This newsletter section includes the titles, authors, and links to abstracts of recent research related to the continuum of care for HIV and viral hepatitis. This includes research on interventions to increase awareness of HIV and/or viral hepatitis status through expanded testing; to increase linkage to and retention in care and treatment; and to attain and maintain desired health outcomes. Papers are listed alphabetically according to the lead author’s last name.

**Adherence to Combination Antiretroviral Treatment and Clinical Outcomes in a Medicaid Sample of Older HIV-Infected Adults.** By W.E. Abara, O.A. Adekeye, J. Xu, and G. Rust, in *AIDS Care*.


**Interventions that Increase the Intention to Seek Voluntary HIV Testing in Young People: A Review.** By K.F. Bumgarner, J. Pharr, M. Buttner, and E. Ezeanolue, in *AIDS Care*.


**An Integrated Approach to Care Attracts People Living with HIV Who Use Illicit Drugs in an Urban Centre with a Concentrated HIV Epidemic.** By S. Fernando, R. McNeil, K. Closson, and others, in *Harm Reduction Journal*. Free full text also available.

**A Multi-State Model Examining Patterns of Transitioning Among States of Engagement in Care in HIV-Positive Individuals Initiating Combination Antiretroviral Therapy.** By J. Gillis, M. Loutfy, A.M. Bayoumi, and others, in *Journal of Acquired Immune Deficiency Syndromes*.

**Reimagining HIV Service Delivery: The Role of Differentiated Care from Prevention to Suppression.** By A. Grimsrud, H. Bygrave, M. Doherty, and others, in *Journal of the International AIDS Society*.


**The HIV Treatment Cascade and Care Continuum: Updates, Goals, and Recommendations for the Future.** By E.S. Kay, D.S. Batey, and M.J. Mugavero, in *AIDS Research and Therapy*. Free full text also available.


Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDupdate.
**Elements of the HIV Care Continuum: Improving Engagement and Retention in Care.** By M.J. Mugavero, in *Topics in Antiviral Medicine*. Free full text also available.


**The Role of the Primary Romantic Relationship in HIV Care Engagement Outcomes Among Young HIV-Positive Black Men Who Have Sex with Men.** By J.Y. Tan, L. Pollack, G. Rebchook, and others, in *AIDS and Behavior*.

**Improving Retention in HIV Care Through New York’s Expanded Partner Services Data-to-Care Pilot.** By J.M. Tesoriero, B.L. Johnson, R. Hart-Malloy, and others, in *Journal of Public Health Management and Practice*.


**New Initiatives to Develop Self-Testing for HIV.** By T.C. Witzel and A.J. Rodger, in *Current Opinions in Infectious Disease*.

**Likely Impact of Pre-Exposure Prophylaxis on HIV Epidemics Among Men Who Have Sex with Men.** By I.B. Zablotska, in *Sexual Health*.

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**Research on HIV and Hepatitis Health Disparities and Affected Populations**

This section includes the titles, authors, and links to abstracts of recent research. Papers are listed alphabetically according to the lead author’s last name.


**Sexual Orientation Disparities in the Utilization of Sexual Health Services in a National Probability Sample of U.S. Women.** By M. Agénor, C.A. Muzny, V. Schick, and others, in *Preventive Medicine*.

**Opportunities for HIV Prevention Communication During Sexual Encounters with Black Men Who Have Sex with Men.** By T.M. Aholou, J. Nanin, K. Drumhiller, and M.Y. Sutton, in *AIDS Patient Care and STDs*.

**The Effects of Needle-Sharing and Opioid Substitution Therapy on Incidence of Hepatitis C Virus Infection and Reinfection in People Who Inject Drugs.** By C.K. Aitken, P.A. Agius, P.G. Higgs, and others, in *Epidemiology and Infection*.

Condoms and Sexual Health Education as Evidence: Impact of Criminalization of In-Call Venues and Managers on Migrant Sex Workers Access to HIV/STI Prevention in a Canadian Setting. By S. Anderson, K. Shannon, J. Li, and others, in BMC International Health and Human Rights.

Sexual Health, Risk, and Prevention [among older persons living with HIV]. By T. Aronowitz, in Interdisciplinary Topics in Gerontology and Geriatrics.


A Comparison of Virological Suppression and Rebound Between Indigenous and Non-Indigenous Persons Initiating Combination Antiretroviral Therapy in a Multisite Cohort of Individuals Living with HIV in Canada. By A.C. Benoit, J. Younger, K. Beaver, and others, in Antiviral Therapy.


Social Support Systems and Social Network Characteristics of Older Adults with HIV. By M. Brennan-Ing, L. Seidel, and S.E. Karpia, in Interdisciplinary Topics in Gerontology and Geriatrics.

Association Between Depression and Condom Use Differs by Sexual Behavior Group in Patients with HIV. By C. Brickman, K.J. Propert, C. Voytek, and others, in AIDS and Behavior.


Multimorbidity and Burden of Disease [among older persons living with HIV]. By T.T. Brown and G. Guaraldi, in Interdisciplinary Topics in Gerontology and Geriatrics.


Medication Adherence in 13- to 24-Year-Old Youth Living with HIV. By T. Chenneville, M. Machacek, A. St. John Walsh, and others, in Journal of the Association of Nurses in AIDS Care.


Medical, Social, and Supportive Services for Older Adults with HIV. By L.E. Cox and M. Brennan-Ing, in Interdisciplinary Topics in Gerontology and Geriatrics.

Correlates of Sexual-Risk Behaviors Among Young Black MSM: Implications for Clinic-Based Counseling Programs. By R.A. Crosby, L. Mena, and J.M. Ricks, in AIDS Care.


Differences in Risk Behavior and Demographic Factors Between Men who have Sex with Men with Acute and Non-Acute Human Immunodeficiency Virus Infection in a Community-Based Testing Program in Los Angeles. By D.J. Davey, M. Beymer, C.P. Roberts, and others, in Journal of Acquired Immune Deficiency Syndromes.

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